



Credit Card authorization form

Event Name : _____

Date of event: _____

Deposit received: _____

Complete the following

(including a copy of front & back of the credit card)

The undersigned authorizes Pellicci's Restaurant to charge this credit card for event costs - (Circle One)

AMEX

VISA

MASTERCARD

DISCOVER

Name as it appears on card: _____

Card number Expiration date: _____

Billing Address: _____ **Security code:** _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____

Signature of card Holder: _____ **Date:** _____

My additional signature authorizes Pellicci's Restaurant to charge the balance of referenced event in accordance with the invoice of said event.

Customer signature: _____

98 STILLWATER AVENUE - STAMFORD, CT 06902 - (203) 323-2542